

Oral History Interview Consent Form

Interviewer Name:

Interviewee Name:

Date of Interview:

Project/Collection Name:

Consent to Participate

I understand that I am being asked to participate in an oral history interview. My participation is voluntary. I can refuse to answer any question or stop the interview at any time.

Recording and Use

I agree that this interview may be recorded and transcribed. I give permission for the content to be used for educational and research purposes as determined by the project organizers.

Confidentiality

☐ I wish my identity to remain confidential.

☐ I give permission to use my name in connection with this interview.

Access

☐ The interview may be made available to the public.

☐ The interview may only be used for research with my further consent.

Interviewee Signature:

Date:

Interviewer Signature:

Date: